

# **COURSE COORDINATOR MANUAL**



UTAH DEPARTMENT OF  
**HEALTH**

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**Bureau of Emergency Medical Services and Preparedness**

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# INTRODUCTION

The Bureau of Emergency Medical Services and Preparedness (BEMSP) is charged with ensuring quality in prehospital emergency medical care. This is accomplished by establishing training standards for EMS professionals with input from the medical community and advisory committees. As the course coordinator, you are responsible for conducting each course in accordance with these training standards and, ultimately, preparing each student for certification and licensure.

This manual is designed to acquaint course coordinators with the requirements that must be met in order for a course to be approved and recognized by the BEMSP. A thorough knowledge of the material included in this document will ensure an organized, high-quality training program.

The statewide training policies are derived from the Utah Emergency Medical Services Act ([Title 26, Chapter 8a](#)) and administrative rule ([R426-5](#)). An administrative rule is a state agency's written statement that has the effect of law. We recommend that you take the time to read through these rules as they are the foundation of the policies outlined in this manual.

If you have any training and license questions, please contact the BEMSP by emailing [ems@utah.gov](mailto:ems@utah.gov) or calling 801-273-6666.

## GENERAL STANDARDS FOR COURSE PERSONNEL

1. BEMSP personnel shall have unconditional access to all educational activities and records described in the Course Coordinator Manual for quality assurance reviews.
2. BEMSP shall be held harmless for negligent acts or omissions of any employees or persons retained by the course coordinator.
3. All information regarding students shall be treated as confidential. Publication of any information that would identify an individual is prohibited except upon written consent of that individual.
4. The duties and responsibilities of the course coordinator are to be performed personally and shall not be assigned, sublet, or transferred to any other individual or company without a written request from the course coordinator to BEMSP, except in cases where the course coordinator is unable to make the request due to extraordinary circumstances. (See course coordinator responsibilities for further detail.)
5. The course coordinator has no authorization, expressed or implied, to bind the State of Utah or its state agencies to any agreement, settlement, liability, or understanding whatsoever, nor to perform any acts as agent for the state of Utah.
6. Course coordinators shall have a written policy on file with BEMSP, reflecting federal guidelines on the Americans with Disabilities Act and Harassment.

7. The course coordinator will be held accountable for any attempt by individuals retained by the course coordinator to compromise the integrity of the state's or the National Registry of EMT's (NREMT) cognitive exam or psychomotor skills evaluation. The course coordinator is further obligated to notify BEMSP of such attempts.
8. The course coordinator must be licensed to the level of the course he/she coordinates.
9. In order for a course to be approved and recognized by BEMSP, each course must have a certified course coordinator.
10. The Department of Transportation, National EMS Education Standards (NES) have been adopted by the state as the EMS educational standard to be taught and these standards are not open to modification, interpretation, or change without approval from BEMSP, or where applicable, the EMS Committee.
11. The course coordinator shall meet the standards of practice and conduct in all interactions in which they are involved.

# **EMS TRAINING ORGANIZATION AND POSITIONS**

## **Course Medical Oversight Requirements and Responsibilities**

The course medical oversight shall:

1. Be a local medical doctor, physician assistant, or nurse practitioner with emergency medical experience who will act as the ultimate medical authority regarding course content, procedures, and protocols. Note: Only a Utah licensed physician may be used for medical oversight for Advanced Emergency Medical Technician (AEMT) and Paramedic Courses.
2. Assist in recruiting medical experts to present materials in class, consult with Utah's medical director to settle questions of medical protocol, and act as a liaison between the course and the medical community.
3. Approve (along with the course coordinator) all instructors and course personnel.
4. Review the quality of care rendered by the EMS student in clinical and field settings.
5. Ensure student completion and competence in all content areas, elaboration of knowledge, clinical behaviors and judgment, and educational infrastructure as outlined in the National EMS Education Standards (NES) and in psychomotor skills of the National EMS Scope of Practice Model.
6. Co-sign all documents recommending (or not recommending) a student for licensure.
7. Review all examinations and student remediation activities.

8. Attend at least five (5) hours of the Emergency Medical Responder (EMR) course and 20 hours of the EMT course. Participate in NREMT psychomotor skills exams, in person (if possible). At the very least, be available by phone during NREMT testing as a key member of the quality assurance committee. In courses other than the EMR and EMT, contact with the course is required, but no specific amount of time is required.

## Course Coordinator/Primary Instructor Requirements and Responsibilities

The course coordinator who is also referred to as primary instructor in NES, shall:

1. Act as a liaison between students, sponsoring agency, local medical community, and BEMSP.
2. Assure completion of the course goals, objectives, information, and training standards set forth in the NES, course coordinator manual, BEMSP policies, and administrative rules.
3. Ensure BEMSP course standards are met.
  - a. Video presentations, online instruction, and interactive media shall not be used in lieu of an instructor, without BEMSP approval. Online or other media resources shall not make up more than fifty percent (50%) of course time or materials presentation.
  - b. Class size *shall not exceed 36 students* and no fewer than two students. The course coordinator should reschedule the class if only one student shows up for a session.
  - c. A ratio of one Endorsed EMS Instructor to a maximum of six students (1:6) must be maintained during practice and skills pass-off sessions.
  - d. Provide an adequate physical environment for the success of the overall program, including:
    - i. Safe and comfortable seating for all students.
    - ii. Adequate space for skills demonstration and practice.
    - iii. Adequate heating/cooling, ventilation, lighting, and restroom facilities.
    - iv. Appropriate housekeeping.
    - v. Adequate amount of space or breakout rooms for psychomotor skills demonstration. Note: The recommended size of an elementary school classroom in the United States with an expected ratio of 20 students per teacher is 900 square feet. This equates to about 45 square feet per student. This is a minimum recommendation. Secondary school classrooms are at least 60 square feet per student. This would imply that a class of 36 students and six instructors would need at least 1,890 to more than 2,500 square feet for a course.
    - vi. Store and maintain equipment in a secure, clean, dry place. It is recommended that all the required equipment for the program be stored at the teaching facility to assure availability for its use.
4. Ensure that all equipment required for teaching is available, clean, in adequate amounts for all students, appropriate for training, and in working condition prior to the start of each class. (Attachment 3 contains a list of the minimum equipment necessary to provide EMR, EMT and AEMT courses.)

5. Ensure all necessary instructors are present prior to the start of each class.
6. The course coordinator must be on site and physically available for the course's students and instructors 70% of the time to ensure course continuity. The course coordinator is prohibited from running simultaneous courses if he or she cannot meet the 70% requirement for each course independently.
7. If the course coordinator is unable to continue coordinating the course and another course coordinator is willing to take over the course, the following must be completed to facilitate the change.
  - a. Mail a written letter requesting the change to the Bureau of EMS and Preparedness, P.O.Box 142004, Salt Lake City, UT 84114-2004, or send an email to [ems@utah.gov](mailto:ems@utah.gov).
  - b. The letter must contain the following statements:
    - i. "I, the current course coordinator, am unable to continue as the course coordinator for course # and request to be relieved of my responsibilities.
    - ii. "I, the proposed course coordinator, understand that by taking over as course coordinator for course #, I assume full and complete responsibility to ensure that all requirements for training are met and all students who I recommend will meet the competency requirements outlined in the course coordinator manual. I also understand that I will be accountable for any deviation from the training standards regardless of the previous history of this course."
  - c. Signatures from both the current and the proposed course coordinator.
8. If parties associated with a course (such as an EMS agency or educational institution) feel a change in the course coordinator is warranted due to the course coordinator deviating from the standards outlined in the course coordinator manual, job reclassification, or due to termination of employment, they may request a change in the course coordinator via written letter with the statement b. ii. (listed above), to the Bureau of EMS and Preparedness, P.O. Box 142004, Salt Lake City, UT 84114-2004, or send an email to [ems@utah.gov](mailto:ems@utah.gov). The letter must include the name of the proposed new course coordinator. An investigation into the reported claims will be initiated once the letter is received. No changes will be made until the investigation is complete. Outcomes of the investigation will be available and sent to all parties.
9. Course content, competencies, and skills must be learned, practiced and passed-off under the guidance of certified instructors. However, coordinators may utilize individuals who are not certified instructors but have particular expertise in a specific field. For example, an OB nurse may offer some very appropriate and valuable content to the class.
10. Provide state-approved NREMT psychomotor skills exams for all recommended students at the end of the course.
  - a. The course coordinator is the examination coordinator for advanced levels and will need to acquire the services of a national representative to assist in proctoring and tabulating the exam. The exam coordinator is responsible for scheduling and administering the test through NREMT.

# **Course Instructors Requirements and Responsibilities**

The course instructors shall:

1. Be knowledgeable in all aspects of pre-hospital emergency care, adult education techniques, and management of resources and personnel.
2. Successfully complete a BEMSP approved program in EMS instruction and be currently endorsed as an EMS instructor.
3. Identify students who have achieved and completed the competencies, and psychomotor skills necessary to function as an EMS professional.
4. Ensure that each student has successfully demonstrated competency in all of the psychomotor skills. These skills are listed in the National EMS Education Standards, and psychomotor training record found in the student handbook.

## **Psychomotor Instructors Requirements and Responsibilities**

All instructors evaluating and assisting with psychomotor sessions and psychomotor testing must be currently certified as EMS instructors and certified to at least the level of the course or skill being evaluated.

# **COURSE DOCUMENTATION AND RECORDS**

## **Course Requests**

1. Prior to requesting a course, the course coordinator is responsible to ensure BEMSP has a current copy of the following policies (all courses):
  - a. The course coordinator's Americans with Disabilities policy.
  - b. The course coordinator's harassment policy.
  - c. A signed course coordinator contract. This is completed with the Course Coordinator Endorsement Application.
2. The following documents and fees must be submitted to BEMSP at least 30 days prior to the start date of the course or late fees will be applied:
  - a. An online course request must be submitted. The online course request can be found at [emsl.license.utah.gov](https://emsl.license.utah.gov). Claim your account to login. Once you log in the next screen will show tabs



indicating Person, Course, Application, Home, and Logout near the top. To request a course go to the Training tab which will then give a choice of courses, maintenance, and new request. Click on new request. This brings up a choice of course types. Request the course type you need and complete the course request form. If you are unable to access the online course request or run into any problems, please email [ems@utah.gov](mailto:ems@utah.gov) or call 801-273-6666.

- b. A course schedule listing date, time, presenters, primary instructor, EMS instructors, a breakdown of the instructional schedule, course location, NES module, and lessons will be submitted. Selected textbooks and types of adjunct lesson materials such as student workbooks, online resources, or commercial lesson plans will also be included. Any course schedule that does not have the entire required lesson will not be approved. The A-EMT and paramedic courses must also include the applicable NES lessons on the course schedule.
  - c. Course request fees may vary according to level of the course. The amount will be listed in the course request application and will be available to pay online or by check, money order, credit card, or a purchase order. (Only governmental agencies may submit purchase orders.) Advance payment for courses will not be accepted. Only currently requested courses will be eligible for payment. Course request fees for all approved courses are nonrefundable, non transferable, and cannot be held for later courses in the case of a cancelled course.
3. Documentation of adherence to the policies and procedures in the Utah Paramedic Training Program Accreditation Standards Manual is required as part of the course request for paramedic courses.
  4. If **completed** course request documents and fees are not received in the BEMSP office or postmarked at least 30 calendar days before the start date of the course, a late fee of \$10 per day (up to a maximum of \$150) will be added to the course request fee. If the course coordinator fails to submit all completed course request documentation by the start date of the requested course, the course request will be denied and the process must be restarted. Students in unapproved courses will not be eligible for certification or licensure.

## After the Start of the Course

Within 30 calendar days after the course starting date the following must be submitted to BEMSP or late fees may be applied:

- a. Completed online applications for all students in the course.
- c. All applicable fees.

The course coordinator shall ensure that students who wish to apply for a license will be at least 18 years old prior to licensing at the EMT level. For EMR licensing, the candidate must be at least 16 years of age.

All students must fill out an online application and pay the applicable application fees. If a student has doubts about becoming licensed, the student should mark the “audit” on the application and pay the audit fee.. If that person changes their mind at a later date, they may still be eligible to license. To be eligible they must pay all applicable licensure fees and complete all required documentation within 120 days of the course completion. They will also be charged a \$75 late fee.

**No refunds will be issued for licensure fees.**

Because BEMSP conducts quality assurance reviews on courses, all changes to the course schedule, including dates, topics, and locations, must be submitted to BEMSP within three working days of the decision to alter the schedule and prior to the date of the proposed change. We realize that emergencies happen, but in those cases, please e-mail [ems@utah.gov](mailto:ems@utah.gov) or call 801-273-6666.

If completed course paperwork is not received in the BEMSP office within 30 calendar days of the beginning of the course, a late fee of \$10.00 per day (up to a maximum of \$150.00) will be assessed to the course coordinator. BEMSP will not accept late paperwork without all fees. If the course coordinator does not pay all fees by the end of the course, BEMSP may take action against the course coordinator's endorsement and no additional courses will be approved until all course paperwork is received, fees are paid, and other corrective actions have been satisfied.

## Criminal Background Check

1. Students with questions concerning their criminal histories are encouraged to contact BEMSP before starting a course, to determine whether criminal history would disqualify the student from certifying. **Note: Criminal histories are a confidential record and the course coordinator may be held liable for any breach of confidentiality regarding a student's criminal records.**
2. BEMSP requires that all initial licensing and license renewing EMS personnel submit LiveScan fingerprints for FBI and Rap Back DACS background checks. The bureau prefers not to accept fingerprint cards. Students may come to the BEMSP Cannon Building (288 N 1460 W, SLC, UT 84116) to have their fingerprints scanned on weekdays between the hours of 9:00 a.m. and 4:00 p.m. (no appointment necessary).
3. A list of other locations for fingerprints is sent to all applicants with the information on how to claim their DACS form. List of other locations can also be found on the Bureau's website: [bemsp@utah.gov](mailto:bemsp@utah.gov)
4. Applicants who have previously submitted fingerprints to BEMSP may be required to have their fingerprints taken again.

## Harassment and Americans with Disabilities Act

The course coordinator must give each student a copy of the course harassment and Americans with Disabilities Act (ADA) policies. If the course coordinator becomes aware of any student who may qualify under the ADA, the coordinator must inform the student that while they may complete the course there's a chance they may not be able to become licensed depending on their ability to perform the essential functions of the position. If a student has a disability that requires special accommodations, that student should fill out and submit the "Declaration of Understanding," which is a request for specific accommodation. Requests for accommodation should be submitted to the BEMSP when the application is submitted. Requests for accommodation must be accompanied by evidence of a previously documented learning or physical disability diagnosed by a psychologist or a physician.

# At the Completion of the Course

The following must be submitted to BEMSP within 15 days after the course ends or late fees may be applied:

1. An official BEMSP letter of recommendation submitted by the course coordinator and medical director verifying completion of the course with the name of each student who is being recommended for licensure. This may be done by email with a CC to the medical director and sent to [ems@utah.gov](mailto:ems@utah.gov). These documents state that you and the medical director can personally attest and verify that the individual has:
  - a. Demonstrated that they can competently perform all psychomotor skills and competencies in accordance with the applicable license level.
  - b. Completed the required clinical training.
  - c. Completed the required hours of instruction.
  - d. Completed all of the requirements of the NES objectives as adopted and BEMSP policies. **Note: Even though a student has completed a course of instruction, BEMSP reserves the right to deny a license for good cause.**
2. Documentation for each student who is not being recommended for licensure along with an explanation as to why the student is being denied. This must be on a separate page of the recommendation form.
3. If the original course schedule was not followed, attach a final course schedule showing how the course was actually conducted.
4. If the letters for each student enrolled in the course are not received by BEMSP within 15 days of the end date of the course, a late fee of \$10.00 per day (up to a maximum of \$150.00) will be assessed to the course coordinator. BEMSP will not accept late recommendation letters without all fees. If the course coordinator does not pay all fees within 30 days following the course completion, BEMSP may take action against the course coordinator's certification and no additional courses will be approved until all recommendation letters are received, fees are paid, and other corrective actions have been satisfied. **Note: Students who took the course will not be allowed to test (cognitive or psychomotor) until the letter of recommendation has been received by the bureau.**

## Retention of Records

The course coordinator must maintain the following records for seven years:

1. A copy of the Student Acknowledgement of Bureau Policies and Procedures.
2. Records of daily student attendance and performance for each lesson. Attendance forms should include date, total hours, subject, module, lesson, and objectives covered and a list of the applicable educators.

3. Results and content of evaluation and counseling sessions, including remediation forms (as necessary). This should include comments (when appropriate) regarding the need for skills improvement, knowledge, attitude, or personal habits.
4. Grades for each cognitive examination and completed checklists for each skill evaluation.
5. Psychomotor Training Record forms for each student, indicating all training has been completed and the student has demonstrated competency in all the skills outlined in the psychomotor competencies of the NES and the instructor guidelines for the appropriate license level.
6. Instructor performance evaluations from the course coordinator and quality improvement surveys from the students for each instructor. This may also include the course evaluations.
7. Documentation that each student completed the required clinical experience (see clinical requirements), including the description of the clinical and field rotations (prehospital experience).
8. Completed assessment logs.
9. Copies of any formal communication sent to BEMSP.
10. The final course schedule including all revisions and showing how the course was actually conducted.
11. An ongoing roster of all EMS instructors, including full name and EMS number with the course number, number of hours, subject(s), and date(s) taught.
12. Completed recommendation and non-recommendation letters on file.

## **COURSE QUALITY IMPROVEMENT AND QUALITY ASSURANCE**

There is a difference between quality improvement and quality assurance. Quality improvement is a means to improve a program's effectiveness in providing a sound educational experience. Quality assurance reviews are a detailed inspection of the program's recordkeeping. Quality improvement can be a collaborative effort between the course coordinator and BEMSP to improve the educational program. Course quality assurance reviews are an inspection conducted by BEMSP to ensure proper recordkeeping.

# Quality Improvement

Quality improvement is the means to improve the course coordinator's program(s) through various processes. The goal is to improve the effectiveness and efficiency of the program(s), which, in turn, helps ensure better courses. Once a course is completed, program staff should evaluate the program's effectiveness. This evaluation should also include feedback from the students. This can be obtained by post-program evaluation surveys. To evaluate the program's effectiveness, staff should ask the following questions:

- Did the program conform to the course design?
- Were the resources adequate?
- Were the skills labs effective?
- Did the guest speakers provide valuable information?
- Were the instructors effective in delivering the material?
- Can other instructional methods be incorporated in future courses?
- What were the participants' comments?
- How could the course be improved?
- Was the course cost effective?

At the end of the program, all faculty members should meet together to determine whether the course met the desired goals. Review items should include: content design, measurements, course completion criteria, and participant comments. When this process has been accomplished, adjustments may be indicated for future programs.

BEMSP can assist the course coordinator with the quality improvement process in the following ways:

- Help the course coordinator assess the validity and reliability of written and psychomotor evaluations used in the course(s).
- Assist in starting a thorough analysis of all functions of the program.
- Instructor development processes.
- Application of technology in the classroom.

The quality improvement process may also be conducted without any support or direction from BEMSP.

## Quality Assurance Reviews

The course quality assurance review process is designed to ensure that all records for the course are maintained by the course coordinator and that they are accurate and comply with the requirements in this document, BEMSP policies, administrative rules, and the EMS Systems Act. This is a detailed inspection of all records for a course or several courses. The main emphasis is to ensure correct and accurate documentation of course records. The quality assurance review may be conducted in conjunction with quality improvement assistance.

# COURSE REQUIREMENTS

## MINIMUM HOUR REQUIREMENT

The EMS National Education Standards is competency based. Each educational level assumes mastery of previously stated competencies. Each individual must demonstrate each competency within his or her scope of practice and for patients of all ages.

In other words, the course length is based on the time it takes to instill the knowledge and skills to demonstrate each competency. The National Association of State EMS Officials (NASEMSO) course length is estimated to take approximately ***48-60 hours for EMR, 150-190 hours for EMT, 150 -250 hours for AEMT, and 1,100-1,800 hours for Paramedic training.***

**In Utah, the following are the minimum hours the bureau will allow for a course request to be approved.**

1. EMR :
  - a. 40 hours of classroom instruction and psychomotor lab time
2. EMT :
  - a. 120 hours of classroom instruction and psychomotor lab time
3. Advanced EMT :
  - a. 120 hours of classroom instruction and psychomotor lab time
4. Paramedic :
  - a. As directed by the accreditation body.

## CLINICAL EXPERIENCE

Hospitals and ambulance services have both requested that BEMSP outline their requirements and standards. In turn, BEMSP has advised all agencies to send students home if they do not meet the agency standards with regard to cleanliness or appropriate dress. They must also adhere to the following procedures:

1. The student must wear appropriate clothing for a health care environment. This means clean, odor free, intact, and comfortable clothing. No pants with holes or tears, no shorts, no footwear that exposes the foot, and no clothing with anything offensive on it.

2. The student should be clean-shaven or have neatly trimmed facial hair. Long hair should be fastened back. The course coordinator must contact the facilities where the students' clinical experience is being held, and determine the requirements of that facility's dress code. That information should be passed along to the students.
3. The course coordinator is responsible for ensuring the students receive adequate training in Body Substance Isolation (BSI) to assure the student's safety in the clinical environment. The course coordinator must have a written plan for students to follow in the event of contamination or exposure. This may be accomplished through an agreement with the clinical agency.
4. The students must wear an identification badge, have a pen and a watch, and bring their Psychomotor Training Record Form to be signed by clinical personnel.
5. Clinical/field rotations: EMS trainees are required to have patient interactions in an actual working environment.
  - a. These requirements are designed so the student can gain psychomotor experience while gaining confidence through demonstrating competency.
  - b. The student should assess and develop a treatment plan by each level of course listed below:

EMR:

- None required

EMT:

- Students should observe emergency department operations for a sufficient period of time so they develop an appreciation for the continuum of care. Students must also perform ten patient assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, or on standardized patients, if clinical settings are not available.

AEMT:

- The student must demonstrate the ability to safely administer medications (the student should safely and properly administer medications at least 15 times to a "live patient" or on standardized patients if clinical settings are not available).
- The student must demonstrate the ability to safely gain vascular access (the student should safely and successfully access the venous circulation at least 25 times on "live patients" of various age groups or on standardized patients if clinical settings are not available).
- The student should demonstrate the ability to effectively ventilate non intubated patients of all age groups (the student should effectively ventilate at least 20 "live" patients of various age groups or on standardized patients if clinical settings are not available).
- The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with chest pain.
- The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with respiratory distress.
- The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with altered mental status. The student must demonstrate the ability to perform an adequate assessment on pediatric, adult, and geriatric patients.

## Paramedic

- As indicated in the paramedic program guide.

# LICENSE REQUIREMENTS FOR THE STUDENTS

1. Submit completed online application form and pass DACS background check.
2. Submit completed Declaration of Understanding form as part of online application and meet Requirements.
3. Submit all applicable licensure fees.
4. Successfully complete the EMS license course and receive a recommendation for license from the course coordinator and course medical director.
5. Successfully complete the National Registry Cognitive exam. The cognitive exam is taken on a computer at a Pearson Vue testing site. Tests for all levels consist of multiple-choice questions. This is a timed test. The test results are mailed via NREMT notification.
6. Successfully complete the psychomotor skills examination, if applicable. Each license level and its components are listed below:

Test Type	Composition
EMR	psychomotor exam (within the course)
EMT	psychomotor exam (within the course)
A-EMT	NREMT psychomotor exam
Paramedic	NREMT psychomotor exam

7. Preliminary test results will be given at the testing site. Official results for AEMT and paramedic will be published by the NREMT. Due to privacy laws test results cannot be given over the telephone.
8. Retests for psychomotor exams are in accordance with current NREMT policy.
9. All course requirements and testing must be completed within two years of the course completion date. Any delay is cause for the student to be denied state licensure.



# RESPONSIBILITY TO THE STUDENT

The course coordinator will:

1. At the beginning of the course, and at the appropriate time, provide each student with the following items:
  - a. BEMSP Student Handbook (EMR and EMT only)
  - b. Reference to applicable National Education Standards
  - c. BEMSP approved textbook
  - d. A workbook, study guide, or online platform that accompanies the textbook
  - e. A copy of the course psychomotor skills pass-off sheet
  - f. I.D. badge for clinical or field experience (required for psychomotor skills labs and clinical)
  - g. Letter(s) of Indemnification for each student to those agencies requiring such protection, i.e., hospitals, ambulances, rescue services, etc.
  - h. Printed ADA policies or a web posting of the ADA policies with a review of the content in class
  - i. Harassment policies
2. Ensure that the student understands BEMSP license policies and requirements. The student must sign a student acknowledgement form, which covers:
  - a. Course attendance requirements
  - b. Application requirements and background checks
  - c. ADA policies and Declaration of Understanding
  - d. Fee requirements
  - e. Testing requirements and procedures
3. Provide remediation to each student who fails to achieve a set level of performance before moving on to another section of the course. A remediation form must be documented by an instructor for any student needing improvement. That form must be maintained by the course coordinator.
4. Ensure all BEMSP required documentation and tasks are completed within the timelines outlined in this handbook to prevent unnecessary delays in the student's test and license schedule.
5. Ensure all students are familiar with, and know how to obtain copies of the NES.

6. Ensure that students have successfully completed all skills, objectives, and required class time, as outlined in the NES. For EMTs and above, that includes information in this manual.
7. Ensure all students are thoroughly informed of all BEMSP and NREMT testing and license policies and procedures contained in this handbook.

## STUDENT EXPECTATIONS

This training program is detailed and exact. The EMS provider is an important, recognized part of the medical profession. The standards are high in order to maintain the respected position of the medical profession and the community. To become a fully-licensed EMS provider, it is necessary for the student to comply with certain requirements. The requirements are as follows:

1. **Attendance.** Students will be required to attend all scheduled classes. If the student is unable to attend a class (illness, etc.), the student must make arrangements with the course coordinator to make up the time and material missed.
2. **Documentation.** Students are required to submit a complete BEMSP application and a complete Declaration of Understanding along with their application.
3. **Class Participation.** Students will be evaluated by the instructors, course coordinator, and medical director during the course in areas such as dependability, attitude, maturity, the ability to relate well with others, and the ability to achieve acceptable performance levels. Remediation will be provided by the course coordinator or instructors for students who have difficulties in any area of the course.
4. **Identification.** Students will be provided with an identification badge. The badge must be worn at all times during the psychomotor skills labs and clinical and field requirements. This is to ensure verification of the individual's identification while performing skill demonstrations at the clinical and field portion of the course.
5. **Psychomotor Training Record Form.** The students will be given a Psychomotor training record at the beginning of the course, which must be signed off by the certified EMS instructors and clinical personnel during each phase of the training. This completed record must be returned to the course coordinator, who will retain them for at least seven years.
6. **Clinical Experience.** The student is requested to complete clinical education including completion of a pre-hospital patient care report, filled out as if they were practicing in the field. This is accomplished in a hospital, clinic, doctor's office, care center, and/or ambulance setting. Please make every possible attempt to appear at the scheduled times. If for some reason the student is unable to attend, the student should contact the course coordinator as soon as possible.
7. **Recommendation for Licensure.** The course coordinator and medical oversight must agree that the student has met course completion requirements specified in the NES and this manual and verify those findings in a letter of recommendation to BEMSP.

8. **Cognitive Test.** At the course's conclusion, the student must successfully complete an NREMT administered test. It is graded on a pass/fail basis (percentage scores are not available). The student will be allowed three attempts to pass this test. If a student is still unable to successfully pass the test a remediation course is required before three additional tests may be scheduled.
9. **Psychomotor Examination.**
- A psychomotor examination will be administered by the course coordinators and instructors for the EMR/EMT students in accordance with NREMT policy.
  - AEMT and paramedic psychomotor exam is administered by a NREMT Representative and students are required a Psychomotor Authorization to Test (PATT).
  - If a EMR/EMT candidate fails a portion of the psychomotor exam and requires a retest they need to work with their course coordinator to locate a different testing location and if completed successfully the original course coordinator will submit the recommendation letter when it passed.
10. **State Licensure.** State licensure may be issued upon successful completion of the above listed requirements. These requirements must be met within two years of the completion of the course. It takes approximately three weeks following testing for the results to be processed and for the student to receive their license in the mail.

# EMR

## EMR: COURSE PREREQUISITES

Each student must be CPR certified before the course begins. The following options can be utilized to accomplish this requirement:

- Ensure that the EMR candidates have a current CPR card before they enter the program.
- Offer CPR programs before the EMR program begins.
- Establish a time prior to the beginning of the EMR program and require all students seeking to enter the EMR program to participate in the CPR class.

Acceptable certifications are listed in this document:

[https://site.utah.gov/bemsp/wp-content/uploads/sites/34/2019/06/bemsp\\_approved\\_course\\_list.pdf](https://site.utah.gov/bemsp/wp-content/uploads/sites/34/2019/06/bemsp_approved_course_list.pdf)

Although CPR training is a prerequisite, it should be routinely practiced and integrated throughout the entire instruction of the EMR course.

### Assessing Student Achievement

The training program includes several methods for assessing student achievement. As mentioned before, quizzes of the cognitive and psychomotor domains should be provided at the completion of each lesson. Time should be allocated at the end of each content area for a cognitive and psychomotor evaluation. The course coordinator/primary instructor is responsible for the design, development, administration, and grading of all cognitive and Psychomotor examinations. The program should feel free to use outside psychomotor evaluation instruments or those found in textbooks. All cognitive

examinations used within the program should match the content and concepts of required knowledge for an EMR and the test should be administered so it appropriately reflects the student's actual knowledge base. Instructors are encouraged to use outside sources to validate examinations and/or as a source of classroom examination items.

The primary purpose of EMS courses is to meet the entry-level job expectations indicated in the job description. Therefore, each student must demonstrate knowledge, attitude, and skills included in each content area taught in the course. It is the responsibility of the course coordinator and medical oversight to ensure that students attain proficiency in each content area of instruction before proceeding to the next area. If, after counseling and remediation, a student fails to demonstrate the ability to learn specific knowledge, attitudes, and skills, the course coordinator may dismiss the student. The level of knowledge, attitude, and skills attained by students in the course will reflect in their on-the-job performance as EMS personnel. Their performance ultimately reflects on the course coordinator, primary instructor, and medical oversight. It is not the purpose of the certifying examination to assure successful completion over competency in the course. Course coordinators should recommend only qualified candidates for certification/licensure.

Requirements for successful completion of a course include:

**Cognitive** - Students must receive passing grades on all module examinations and the final examination. Special remedial sessions may be utilized to assist in the completion of a specific content area. Scores should be in accordance with accepted practices.

**Affective** - Students must demonstrate conscientiousness and interest in the program. Students who fail to meet that level should be counseled while the course is in progress to give them the opportunity to develop and exhibit the proper attitude expected of EMS personnel.

**Psychomotor** - Students must demonstrate proficiency in all skills in each testing session of selected topic areas and mastery of skills in the final examination. Special remedial sessions may be utilized to assist in the completion of a content area. Pass/fail scores should be in accordance with accepted practices. Usage of the skill measurement instruments within the applicable curriculum or developed by way of a valid process is strongly recommended to achieve maximum results with the students.

## COURSE GOAL SUMMARY

After successful completion of the program, the student will be able to perform the following functions at the minimum entry level:

1. Recognize the nature and seriousness of the patient's condition or extent of injuries and be able to assess requirements for emergency medical care.
2. Administer appropriate emergency medical care based on assessment findings of the patient's condition.
3. Lift, move, position, and otherwise handle the patient to minimize discomfort and prevent further injury.
4. Perform triage at a mass casualty incident.
5. Perform the expectations of the job description safely and effectively.

# EMR COURSE OUTLINE

The EMR course outline must cover all of the required content areas as listed in the NES. It is the responsibility of the course coordinator to decide how much time to spend on each content area. The NES provides guidance on the detail and volume of material for each content area. Please refer to the NES and the EMR Instructional Guidelines for greater detail.

## EMT

### EMT COURSE PREREQUISITES

Each student must be CPR certified before the course begins. The following options can be utilized to accomplish this requirement:

1. Ensure that the EMT candidates have a current Healthcare Provider CPR (or equivalent certification) prior to entering the program.
2. Offer CPR programs prior to the start of the EMT program.
3. Establish a time prior to the beginning of the EMT program and require all students seeking to enter the EMT program to participate in the CPR class.

Acceptable certifications are listed in this document:

[https://site.utah.gov/bemsp/wp-content/uploads/sites/34/2019/06/bemsp\\_approved\\_course\\_list.pdf](https://site.utah.gov/bemsp/wp-content/uploads/sites/34/2019/06/bemsp_approved_course_list.pdf)

Although CPR training is a prerequisite, it should be routinely practiced and integrated throughout the entire instruction of the EMT Course.

#### **Assessing Student Achievement**

The training program includes several methods for assessing student achievement. As previously mentioned, quizzes of the cognitive and psychomotor domains should be provided at the completion of each lesson. Allocate time at the end of each content area for a cognitive and psychomotor evaluation. The primary instructor, in conjunction with the course coordinator, is responsible for the design, development, administration, and grading of all cognitive and psychomotor examinations. It is permissible to use outside psychomotor evaluation instruments or those found in textbooks. All cognitive examinations used within the program should match the content and concepts for required knowledge of an EMT and the test should be administered in a way that will reflect the student's actual knowledge base. Instructors are encouraged to use outside sources to validate examinations and/or as a source of classroom examination items.

The primary purpose of EMS courses is to meet the entry-level job expectations indicated in the job description. Therefore, each student must demonstrate knowledge, attitude, and skills in each content area taught in the course. It is the responsibility of the course coordinator and medical oversight to assure that students attain proficiency in each content area before proceeding to the next area. If, after counseling and remediation, a student fails to demonstrate the ability to learn specific knowledge, attitudes, and skills, the course coordinator may dismiss the student. The level of knowledge, attitude, and skills attained by students in the course will be reflected in their on-the-job performance as EMS personnel.

This ultimately reflects on the course coordinator, primary instructor, and medical oversight. It is not the purpose of the certification examination to assure successful completion over competency of the course. Course coordinators should recommend only qualified candidates for certification/licensure.

Requirements for successful completion of this course include:

**Cognitive** - Students must receive passing grades on all module examinations and the final examination. Special remedial sessions may be utilized to assist in the completion of a lesson or module of instruction. Scores should be in accordance with accepted practices.

**Affective** - Students must demonstrate conscientiousness and interest in the program. Students who fail to do so should be counseled while the course is in progress in order to provide them the opportunity to develop and exhibit the proper attitude expected of EMS personnel.

**Psychomotor** - Students must demonstrate proficiency in all skills in each testing session of selected topic areas and mastery of skills in the final examination. Special remedial sessions may be utilized to assist in the completion of a lesson or module of instruction. Pass/fail scores should be in accordance with accepted practices. Usage of the skill measurement instruments within the applicable curriculum or developed by way of a valid process is strongly recommended to achieve maximum results with the students.

## **COURSE GOAL SUMMARY**

After successfully completing the program, the student will be able to perform the following functions at the minimum entry level:

1. Recognize the nature and seriousness of the patient's condition or extent of injuries and be able to assess requirements for emergency medical care.
2. Administer appropriate emergency medical care based on assessment findings of the patient's condition.
3. Lift, move, position, and otherwise handle the patient to minimize discomfort and prevent further injury.
4. Perform triage at a mass casualty incident.
5. Perform the expectations of the job description safely and effectively.

The EMT training should include an emphasis on ongoing education. Two concepts should be introduced to reflect this goal.

1. Provide additional education in related content during the initial EMT training.
2. Explain that ongoing education is an integral component of any educational process and the EMT should be committed to a process of life-long learning.

# **COURSE SCHEDULES**

Because EMR, EMT, and AEMT are new levels with many new expectations, there are no minimum times per module or chapter. Course coordinators will submit a course schedule that will provide the students with the knowledge, skills, and competencies required to provide appropriate patient care at their license level. As a guideline the department will not approve an EMR course that's shorter than 40 hours. The department will not approve an EMT or AEMT course that is shorter than 120 hours.

A submitted course schedule or outline should follow the NES. The course coordinator may alter the order of topics as they see fit but all content and NES competencies must be included in the course. As more courses are completed samples of course outlines will be added to this manual. The following outline is simply a sample and not a mandatory style of outline to be submitted. Notice that all levels of license have parallel modules and chapters in the NES instructor guidelines with different breadth and depth content for each level.

A similar course outline could be applied to an EMR or A-EMT and even a paramedic course. Obviously, the time frames would vary since breadth and depth of content and competencies are different at each level.

## **ADVANCED EMT**

### **ADVANCED EMT: COURSE PREREQUISITES**

The Advanced EMT candidate must be a Utah licensed EMT prior to enrolling in the course and must retain that license throughout the course. By default, this requirement means the candidate has a current CPR card as a healthcare provider. (The course coordinator is responsible for validating that status.)

### **ASSESSING STUDENT ACHIEVEMENT**

This process is identical at all levels. Refer to EMT Assessing Student Achievement.

## **COURSE GOALS**

Each A-EMT course should include a course goal. The course goal is a statement of the desired outcome of the course and typically references graduating competent entry-level providers. By design, course goals are broad based, but establish the parameters by which the effectiveness of the course will be evaluated. A course may have multiple goals, but must use one for clarity. For example, a typical course goal statement might read:

*The goal of the A-EMT education course is to produce competent, entry level A-EMTs to serve in career and volunteer positions within the EMS system.*

If the course provides additional training that is clearly not within the definition of the A-EMT practitioner, then additional information should be included in the goal. Education planning should be based on the course goal and the expectations of the health care community. All members of the communities of interest, especially the students and faculty, should be made aware of the goal.

The goal will be used to select appropriate curricular materials, clinical experiences, and many other aspects of course planning.

## **COURSE SCHEDULES**

As noted with the sample course schedule on page 24; all levels of license have parallel modules and chapters in the NES instructor guidelines with different breadth and depth content for each level. A similar course outline could be applied to an A-EMT course. Obviously, the time frames would vary since content and competencies are different at this level.

## **PARAMEDIC**

### **PROGRAM GOALS**

Each paramedic program should have a program goal. The program goal is a statement of the desired outcome of the program, and typically references graduating competent entry-level providers. By design, program goals are broad based, but establish the parameters by which the effectiveness of the program will be evaluated. A program may have multiple goals, but must use one for clarity. For example, a typical program goal statement might read:

*The goal of the paramedic education program is to produce competent, entry-level paramedics to serve in career and volunteer positions within the EMS system.*

If the program provides additional training that is clearly not within the definition of the entry-level practitioner, then additional information should be included in the goal. Education planning should be based on the program goal, the mission of the sponsoring institution, and the expectations of the health care community. All members of the communities of interest, especially students and faculty, should be made aware of the goal.

The goal will be used to select appropriate curricular materials, clinical experiences, and many other aspects of program planning.

### **PARAMEDIC: COURSE PREREQUISITES**

The paramedic candidate must be, at least, a Utah licensed EMT prior to enrolling in the course and must retain that license throughout the course. A course coordinator is not permitted to allow a student to be enrolled in their paramedic course before that student completes their EMT license. A course coordinator is allowed to permit NREMT certified



EMT/AEMTs into their course as long as they reside outside of Utah and will not participate in clinical/field rotations in Utah.

The paramedic candidate must demonstrate completion of Anatomy and Physiology, Medical Terminology, Mathematics 101 or higher, and English 101 or higher through college transcripts. These requirements may be met by education determined to be equivalent through a formative challenge assessment process that leads to equivalent credit.

## PARAMEDIC PROGRAM COURSE APPROVAL

The paramedic program must be affiliated with a regionally accredited institution of higher learning. The paramedic program must be accredited through the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or in the process of obtaining it.

## EMS INSTRUCTOR

### CERTIFICATION REQUIREMENTS

1. The department may certify an individual who is an EMR, EMT, AEMT, EMT-IA, Paramedic, as an EMS instructor for a two-year period.
2. An individual who wishes to become certified as an EMS instructor must:
  - a. Submit an application and pay all applicable fees.
  - b. Submit three signed letters of recommendation regarding EMS skills and teaching abilities
  - c. Submit a signed letter documenting 15 hours of teaching experience within the previous year.
  - d. Successfully complete all required examinations.
  - e. Successfully complete the BEMSP-sponsored initial EMS instructor training course.
3. An individual who wishes to become certified as an EMS instructor to teach EMR, EMT, AEMT, or Paramedic courses must also:
  - a. Provide a signed letter documenting 30 hours of patient care within the previous year.

### ENDORSEMENT RENEWAL REQUIREMENTS

The requirements for EMS instructor endorsement renewal include:

1. Maintain Utah EMS licensure.
2. Submit verification of attendance at a BEMSP-sponsored instructor seminar at least once every two years.

3. Pay all applicable fees.
4. Sign and submit (every two years) the "EMS Instructor Contract" to BEMSP, agreeing to abide by the standards and procedures outlined in the contract. This is done with the application.

All verification materials must be submitted with the application.

## **COURSE COORDINATOR**

### **ENDORSEMENT REQUIREMENTS**

EMS courses are complex programs that require a great deal of coordination and recordkeeping. Therefore, anyone serving as a course coordinator will be required to meet all of the following requirements. (The department may certify an individual as an EMS course coordinator for a two-year period.)

1. An individual who wishes to be endorsed as a course coordinator must:
  - a. Be endorsed as an EMS instructor.
  - b. Serve as co-coordinator of one approved course with an endorsed course coordinator within one year of the course coordinator training.
  - c. Complete the BEMSP-sponsored course for new course coordinators.
  - d. Submit a signed cognitive evaluation and recommendation from the course coordinator in the co-coordinated course.
  - e. Complete endorsement requirements within one year of completion of the BEMSP-sponsored course for new course coordinators.
  - f. Submit an application and pay all applicable fees.
  - g. Sign and submit (every two years) the "Course Coordinator Contract" to the department agreeing to abide by the standards and procedures in the then-current Course Coordinator Manual. This is done with the application.
  - h. Maintain a current EMS instructor endorsement.
2. A course coordinator may only coordinate courses up to the license level to which the course coordinator is certified. For example: a course coordinator, who is only licensed as an EMT, may only coordinate EMT courses.
3. A course coordinator must abide by the terms of the "Course Coordinator Contract" and comply with the standards and procedures in the Course Coordinator Manual as incorporated into the "Course Coordinator Contract."
4. A course coordinator must maintain an EMS instructor endorsement and the EMS license for the level that the course coordinator is certified to coordinate. If an individual's EMS license or EMS Instructor endorsement lapses, the course coordinator endorsement is invalid until the EMS license or EMS Instructor Endorsement is renewed.

5. The first course coordinated by a new instructor will be probationary and will be evaluated for:
  - a. Compliance with BEMSP standards
  - b. Student performance

## **ENDORSEMENT RENEWAL REQUIREMENTS**

1. Successfully complete requirements for instructor endorsement.
2. Coordinate or co-coordinate a minimum of one course every two years.
3. Maintain satisfactory attendance at the course coordinator seminar once every two years.
4. Pay all applicable fees.
5. Receive endorsement recommendation from the BEMSP training staff.

# APPENDIX A

## EMR EDUCATION PROGRAM EQUIPMENT

The following is not an all-inclusive list of equipment a program should have to provide an excellent educational program but is a list of minimums. All equipment and supplies should be adult and pediatric where applicable.

Item(s)	Clarification	Minimum Quantity required
CPR Manikin –Adult		1
CPR Manikins –Infant		1
Portable Oxygen Tank ( <i>400+ PSI</i> )	Practice setting up O <sub>2</sub>	1
Oxygen Tank Regulator	Practice setting up O <sub>2</sub>	1
Nasal Cannula – Adult	Teaching application	1
Non-Rebreather Face Mask – Adult	Teaching application	1
Non-Rebreather Face Mask – Child	Teaching application	1
Bag-Valve-Mask unit with Reservoir – Adult	Teaching assisted ventilation	2
Bag-Valve-Mask unit with Reservoir – Infant	Teaching assisted ventilation	2
Portable Suction Unit	Teaching application	1
Suction Catheter and Yankauer tip	Oral & AEMT ET suction	assorted
OPA (Oral Airways) – Set of assorted sizes	assisted ventilation	1set
Assorted sizes and types of splints		assorted
Long Spine board (Back Board)	Scoop (optional)	1
Head Immobilization device		assorted
Cervical collars		assorted
Blankets and sheets		2
Triangular bandages		12
Occlusive dressing		1
Gauze pads 4x4, 2x2		24
Large Abdominal pads		12
Roller gauze 4 inch and 2 inch		12
AED Trainer		1
Blood pressure cuff & stethoscope	Each student has a set	12

Teaching stethoscope	Instructor use	1
PPE boxes of gloves	All skills practiced with PPE	1 each size

Note: The following list of equipment is for class sizes of twelve or less students, and is considered one set of equipment.

Class sizes above 12 students must have more than one set of equipment.

*Example: Class size 13-24 = two (2) sets of equipment.  
Class size 25-36 = three (3) sets of equipment, etc.*

## EMT EDUCATION PROGRAM EQUIPMENT

The following is not an all-inclusive list of equipment a program should have to provide an excellent educational program but is a list of minimums. All equipment and supplies should be adult and pediatric where applicable.

Item(s)	Clarification	Minimum Quantity required
CPR Manikin – Adult		1
CPR Manikins – Infant		1
Portable Oxygen Tank (400+ PSI)	Practice setting up O <sub>2</sub>	1
Oxygen Tank Regulator	Practice setting up O <sub>2</sub>	1
Nasal Cannula – Adult	Teaching application	1
Venturi Mask	Teaching application	1
Non-Rebreather Face Mask – Adult	Teaching application	1
Non-Rebreather Face Mask – Child	Teaching application	1
Bag-Valve-Mask unit with Reservoir – Adult	Teaching assisted ventilation	2
Bag-Valve-Mask unit with Reservoir – Infant	Teaching assisted ventilation	2
Portable Suction Unit	Teaching application	1
Suction Catheter and Yankauer tip	Oral & AEMT ET suction	assorted
OPA (Oral Airways) – Set of assorted sizes	assisted ventilation	1 set
NPA (Nasal Airway) Set of assorted	assisted ventilation	1 set
Pulse oximetry		1

Unit-dose auto-injector trainer (epi pen)		1
Blood glucose monitor		1
Patient assisted beta agonists inhaler trainer	inhaler	1
Patient assisted mock OTC drugs	Aspirin, etc.	assorted
Patient assisted mock prescribed drugs	medical oversight approved	assorted
Oral glucose	Demonstration & practice	12
Traction splint	TTS, Sager, Hair etc.	1
Assorted sizes and types of splints		assorted
Long Spine board (Back Board)	Scoop (advised)	1
Head Immobilization device		assorted
Cervical collars		assorted
Blankets and sheets		2
Triangular bandages		12
Occlusive dressing		1
Gauze pads 4x4, 2x2		24
Large Abdominal pads		12
Roller gauze 4 inch and 2 inch		12
AED Trainer		1
Elevating stretcher		1
Childbirth manikin & supplies		1
Blood pressure cuff & stethoscope		6
Teaching stethoscope	Instructor use	1
PPE boxes of gloves	All skills practiced with PPE	1 each size

Note: The following list of equipment is for class sizes of twelve or less students, and is considered one set of equipment.

Class sizes above 12 students must have more than one set of equipment.

*Example: Class size 13-24 = two (2) sets of equipment.  
Class size 25-36 = three (3) sets of equipment, etc.*

## AEMT EDUCATION PROGRAM EQUIPMENT

The following is not an all-inclusive list of equipment a program should have to provide an excellent educational program but is a list of minimums. All equipment and supplies should be adult and pediatric where applicable.

Item(s)	Clarification	Minimum quantity required
		1

CPR Manikin – Adult		
CPR Manikins – Infant		1
ALS Manikin or IV arm	ALS manikin can be use for IV & airway Psychomotor	1
ALS Baby w/ IV and IO	Can be airway manikin too	1
Airway Trainer –Adult	Accept advanced airways	1
Airway Trainer –Infant	Accept advanced airways	1
LMA (Laryngo-Mask Airway)	In workable condition	1
Combitube Airway	In workable condition	1
King Airway	In workable condition	1
Portable Oxygen Tank (400+ PSI)	Practice setting up O <sub>2</sub>	1
Oxygen Tank Regulator	Practice setting up O <sub>2</sub>	1
Nasal Cannula – Adult	Teaching application	1
Venturi Mask	Teaching application	1
Non-Rebreather Face Mask – Adult	Teaching application	1
Non-Rebreather Face Mask – Child	Teaching application	1
Bag-Valve-Mask unit with Reservoir – Adult	Teaching assisted ventilation	2
Bag-Valve-Mask unit with Reservoir – Infant	Teaching assisted ventilation	2
Portable Suction Unit	Teaching application	1
Suction Catheter and Yankauer tip	Oral & AEMT ET suction	assorted
OPA (Oral Airways) – Set of assorted sizes	assisted ventilation	1set
NPA (Nasal Airway) Set of assorted	assisted ventilation	1set
Pulse oximetry		1

Student shall have experience with Automatic transport ventilators & CPAP	Expensive items. CC may see that students have this experience in clinical.	
Unit-dose auto-injector trainer (epi pen)		1
Blood glucose monitor		1
Patient assisted beta agonists inhaler trainer	nebulizer and inhaler	1
Patient assisted mock OTC drugs	Aspirin, etc.	assorted
Patient assisted mock prescribed drugs	medical oversight approved	assorted
Oral glucose	Demonstration & practice	12
IV fluids (Mock or expired)	Not for human injection	set
IV medications (mock or expired)	No for human injection	All appropriate
IV tubing and extension tubing	Practice IV setup	set
Sub-Q and IM Needles	Sterile for practice	1 ea. stu
Assorted syringes (1,3,5,10,20,&50)	Some sterile for practice	assorted
IO needles or equivalent IO device	Non sterile ok (they break)	enough
Assorted peripheral IV catheters (16,18,20ga)	Sterile for practice on others	≥25 ea.stu.
Assorted drip sets (60 and 10 or 15gtt)	Practice IV setup	set
Traction splint	TTS, Sager, Hair etc.	1
Assorted sizes and types of splints		assorted
Pneumatic Anti-Shock Garment	Pelvis and shock	1
Long Spine board (Back Board)	Scoop (advised)	1
Head Immobilization device		assorted
Cervical collars		assorted
Blankets and sheets		2
Triangular bandages		12
Occlusive dressing		1
Gauze pads 4x4, 2x2		24
Large Abdominal pads		12
Roller gauze 4 inch and 2 inch		12
AED Trainer		1
Elevating stretcher		1
Childbirth manikin & supplies		1
Blood pressure cuff & stethoscope	Each student has a set	12
Teaching stethoscope	Instructor use	1
Defibrillator with ECG display	Optional on AEMT units	1
Rhythm generator	Life threatening rhythms	1
PPE boxes of gloves	All skills practiced with PPE	1 each size

Note: The following list of equipment is for class sizes of twelve or less students, and is considered one set of equipment.



Class sizes above 12 students must have more than one set of equipment.

*Example: Class size 13-24 = two (2) sets of equipment.  
Class size 25-36 = three (3) sets of equipment, etc.*

## **PARAMEDIC EDUCATION PROGRAM EQUIPMENT**

The paramedic program should follow current accreditation requirements for supplies.

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